

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-048710

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

318

1003

12445

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED JAN 10 1963

|   |  |   |  |
|---|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>St. Louis</b>                         |  | c. CITY OR TOWN <b>St. Louis</b>  |  |
| Length of stay in lb<br><b>D.O.A.</b>   |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>St. Louis City Hospital</b> |  | d. STREET ADDRESS (If outside, give location)<br><b>5014 West Florissant Ave</b>  |  |
| Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                          |  | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                       |  |

|   |                                  |   |  |  |   |
|---|----------------------------------|---|--|--|---|
| 3. NAME OF DECEASED<br>(Type or print)<br>First <b>Earl</b> Middle <b>J</b> Last <b>Sandler</b>               |                                  |   | 4. DATE OF DEATH<br>Month <b>December</b> Day <b>25</b> Year <b>1962</b> |  |   |
| 5. SEX<br><b>male</b>   | 6. COLOR OR RACE<br><b>white</b> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>   | 8. DATE OF BIRTH<br><b>6-1-1900</b>                                      | 9. AGE (last birthday)<br><b>62</b>                                      | IF UNDER 1 YEAR<br>Months Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Printer</b> |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Christian Board</b>   |  | 11. BIRTHPLACE (City and state or country)<br><b>St. Louis, Missouri</b> |   |
| 12. CITIZEN OF WHAT COUNTRY<br><b>U.S.A.</b>  |                                  | 13a. FATHER'S NAME<br><b>John C. Sandler</b>  |  | 13b. MOTHER'S MAIDEN NAME<br><b>Julia Gannon</b>                         |   |
| 14. NAME OF HUSBAND OR WIFE<br><b>Mabel Sandler</b>   |                                  | 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no or unknown) (If yes, give war or dates of service)<br><b>No</b>   |  | 16. SOCIAL SECURITY NO.  |   |
| 17. INFORMANT<br><b>Mrs. Mabel Sandler, 5014 W. Florissant Av</b>   |                                  | 18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Coronary Occlusion with Myocardial Infarction.</b><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) <b>4201</b><br>DUE TO (c) |  | INTERVAL BETWEEN ONSET AND DEATH   |   |

|   |  |  |   |  |  |  |  |  |
|---|--|--|---|--|--|--|--|--|
| 19. WAS AUTOPSY PERFORMED?<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>   |  |  | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> |  |  | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) |  |  |
| 20c. TIME OF INJURY<br>Hour a.m. p.m. Month, Day, Year  |  |  | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>    |  |  | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)     |  |  |
| 20f. CITY, TOWN, OR LOCATION  |  |  | COUNTY  |  |  | STATE  |  |  |
| 21. I attended the deceased from _____ to _____ and last saw her alive on _____<br>Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated. |  |  |   |  |  |  |  |  |
| 22a. SIGNATURE<br>(Degree or title)<br><b>Helen L. Taylor, Coroner</b>  |  |  | 22b. ADDRESS<br><b>1300 Clark Ave.</b>  |  |  | 22c. DATE SIGNED<br><b>12-27-62</b>  |  |  |

|  |  |  |                                   |  |  |   |  |  |  |  |  |
|--|--|--|-----------------------------------|--|--|---|--|--|--|--|--|
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Removal</b>  |  |  | 23b. DATE<br><b>Dec. 28, 1962</b> |  |  | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Memorial Park Cemetery</b> |  |  | 23d. LOCATION (City, town, or county) (State)<br><b>St. Louis County, Missouri</b> |  |  |
| 24. FUNERAL DIRECTOR<br><b>Math Hermann &amp; Son, Inc.,</b> |  |  | ADDRESS<br><b>2161 E. Fairave</b> |  |  | 25. DATE RECD. BY LOCAL REG.<br><b>DEC 27 1962</b>                  |  |  | 26. REGISTRAR'S SIGNATURE<br><b>Earl Smith, M.D.</b>                               |  |  |

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

ITEM NO.

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. 4202

P. O. Address St. Louis Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.